

Migrated Foreign Body of Upper Digestive Tract—A Ten-Year Institutional Experience

Abstract

The ingested foreign body is one of the commonest emergencies encountered by otolaryngologists. Depending on the shape and duration of impaction, a small number of foreign bodies (1–2%) can perforate the wall of the gastrointestinal Tract. A migrated foreign body may remain quiescent or cause life-threatening suppurative and vascular complications. Data were collected retrospectively from the hospital records in a tertiary care hospital in South India from 2010 to 2020. Fifteen patients diagnosed with migrated foreign body and who underwent neck exploration were included in the study. Demographic details, mode of presentation, clinical and radiological findings, rigid esophagoscopy findings, neck exploration techniques employed were noted. The mean age of the patients was 37.66 years. All patients had a history of dysphagia, odynophagia, and point tenderness. All the patients underwent a lateral neck radiograph, and it was positive in 12 patients (80%), while in 3 patients (20%), it was negative. All the patients had a positive finding in Contrast-Enhanced Computed Tomography. Esophagoscopy was done prior to neck exploration to identify the site of injury and the probable site of migration. All the patients underwent lateral neck exploration, and foreign body was removed. Migrated foreign body can cause significant morbidity and mortality if not diagnosed and managed early. Strong suspicion and a systematic approach are needed for the diagnosis and management.